

**BOARD OF REGISTERED NURSING**

P.O. BOX 944210, SACRAMENTO, CA 94244-2100
TDD (916) 322-1700
TELEPHONE (916) 322-3350
www.rn.ca.gov



Ruth Ann Terry, MPH, RN
Executive Officer

THE CERTIFIED NURSE PRACTITIONER

Scope of Practice

The nurse practitioner (NP) is a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, who has been prepared in a program that conforms to Board standards.

Primary Health Care

Primary health care is defined as, that which occurs when a consumer makes contact with a health care provider, who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease. This means that, in some cases, the NP will be the only health professional to see the patient and, in the process, will employ a combination of nursing, and the medical functions approved by standardized procedures.

Legal Authority for Practice

The NP does not have an additional scope of practice beyond the usual RN scope and must rely on standardized procedures for authorization to perform overlapping medical functions (CCR Section 1485). Section 2725 of the Nursing Practice Act (NPA) provides authority for nursing functions that are also essential to providing primary health care which do not require standardized procedures; examples include physical and mental assessment, disease prevention and restorative measures, performance of skin tests and immunization techniques, and withdrawal of blood, as well as authority to initiate emergency procedures.

Nurse practitioners frequently ask if they really need standardized procedures. The answer is that they do when performing overlapping medical functions. Standardized procedures are the legal authority to exceed the usual scope of RN practice. Without standardized procedures the NP is legally very vulnerable, regardless of having been certified as a RN, who has acquired additional skills.

Certification

Registered nurses who have been certified as NPs by the California Board of Registered Nursing may use the title nurse practitioner and place the letters "R.N., N.P." after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner.

Furnishing

B&P Code Section 2836.1 authorizes NPs to obtain and utilize a "furnishing number" to furnish drugs and/or devices. Furnishing is defined as "the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure." Furnishing is carried out according to a standardized procedure and a formulary may be incorporated. B&P Code Section 2836.1 extends the NPs furnishing authority to include Schedule III through V Controlled Substances.

Effective January 1, 2000 AB 1545, Chapter 914 (Correa) and SB 816, Chapter 749 (Escutia) amended the Business and Professions Code in Section 2725.1 and 2836.1 and the Pharmacy laws. The amended (B&P) Section 2725.1 extends the NP's furnishing authority to dispense drugs, including controlled substances, pursuant to standardized procedures or protocol in primary, community, and free clinics. Amendments to B&P Section 2836.1 extends the NP's furnishing authority to sign for delivery or receipt of complimentary samples of dangerous drugs or dangerous devices that have been requested in writing by his or her supervising physician. Also amended into Section 2836.1

is "order". The new law changes furnishing to mean "order" for a controlled substance, and can be considered the same as an "order" initiated by the physician. This new law requires the NP who has a furnishing number to obtain a DEA number to "order" controlled substances, Schedule III, IV, V.

A prescription pad may be used as transmittal order forms as long as they contain the furnisher's name and furnishing number. Pharmacy law requires a physician's name on the drug and/or device container label. The DEA number is required for controlled substances. Therefore, inclusion of this information on the transmittal order form will facilitate dispensing of the drug and/or device by the pharmacist.

Drugs and/or devices furnished by a NP may include Schedule III through Schedule V controlled substances under the California Uniform Controlled Substances Act, Division 10 (commencing with Section 11000) of the Health and Safety Code. They shall be further limited to those drugs agreed upon by the NP and physician and specified in the standardized procedure. When Schedule III controlled substances, as defined in Section 11056 of the Health and Safety Code, are furnished by a NP, the controlled substances shall be furnished in accordance with a patient-specific protocol contained within the standardized procedure and approved by the treating or supervising physician. A copy of the section for the NPs standardized procedure relating to controlled substances shall be provided upon request to any licensed pharmacist who dispenses drugs or devices when there is uncertainty about the furnishing transmittal order.

A patient-specific protocol as required for NPs to furnish Schedule III controlled substances is a protocol contained within the standardized procedure that specifies which categories of patients may be furnished this class of drugs. The protocol may state any other limitations as agreed upon by the NP and the supervising physician, such as the amount of the substance to be furnished and/or the criteria for consultation. Pursuant to Health & Safety Code Section 11200(b), "no prescription for a Schedule III or IV substance may be refilled more than five times and in an amount, for all refills of that prescription taken together, exceeding a 120 day supply." "Prescription," for furnishing purposes, refers to the NP transmittal order.

Supervision

Supervision of the NP performing an overlapping medical function is addressed in the standardized procedure and may vary from one procedure to another depending upon the judgment of those developing the standardized procedure. As an example, in one women's clinic the supervision requirement for performing a cervical biopsy was that a physician must be physically present in the facility, immediately available in case of emergency. For all other standardized procedure functions, the supervision requirement was for a clinic physician to be available by phone. When furnishing drugs the physician must be available by telephone at the time the NP is seeing the patient. For furnishing purposes, the physician may supervise a maximum of no more than four (4) NPs at one time.

Clinically Competent

Clinically competent means that the NP possesses and exercises the degree of learning, skill, care, and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.

Citation and Fine

NPs, like all registered nurses, are subject to citation and fine for violation of the NPA. Citation and fines are a form of disciplinary action against the RN license and/or certificate. Examples of violations which have resulted in citation and fine are using the title "nurse practitioner" without being certified as a NP by the California BRN and failing to have standardized procedures when performing overlapping medical functions. NPs are encouraged to comply with all sections of the NPA to avoid discipline.

The reference for interpretation are the B&P Code, Section 2725 RN Scope of Practice, Section 2834 Nurse Practitioner; and California Code of Regulation, Section 1435 Citations and Fines, Section 1470 Standardized Procedure Guidelines, and Section 1480 Standards for Nurse Practitioners.

BRN Offices

Sacramento Office: (916) 322-3350
El Monte Office : (626) 575-7080